## Spalding Rural District Council

### REPORT

of the

Medical Officer of Health

Year 1940

"Free Press" Co., Ltd., Spalding.



#### SPALDING RURAL DISTRICT COUNCIL

#### PUBLIC HEALTH AND HOUSING COMMITTEE.

Chairman: Councillor C. OSTLER, J.P.

Vice-Chairman: Councillor J. G. LITHERLAND.

#### Members:

Councillors I. HODSON,

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T. W. LEVERTON.

W. F. MEWS,

W. D. COOK,

F. HUSBAND-CLUTTON.

#### Staff of Health Department:

Medical Officer of Health:

C. W. DIXON, M.D., B.S. (Lond.), D.L.O., D.C.H., D.P.H.

Sanitary Inspector (from Jan. 1st to Feb. 1st, 1940):

A. V. SEYMOUR.

Sanitary Inspector and Meat Inspector (from 1st February): F. LUKER, M.S.I.A., R.S.I. Insp. Meat and other Foods.

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Spalding Rural District Council,
Council Offices,
7, The Crescent,
Spalding.

## Annual Report of the Medical Officer of Health for the year 1940.

TO THE CHAIRMAN AND MEMBERS OF THE SPALDING RURAL DISTRICT COUNCIL.

Gentlemen,—

It would have been an advantage if this, my first report on the sanitary circumstances of the area, had been a survey report but the exigencies of the times make it necessary for it to be as compact as possible whilst still providing accurate statistical information for future reference.

The information collected from year to year is essential in a small district where the figures obtained in any one year are often statistically too small to draw accurate conclusions from on certain aspects of the health of the district; this is particularly true of the detailed causes of death and I have, therefore, purposely made no comments.

Under the present circumstances nothing can be done to rectify the very undesirable housing conditions or the primitive sanitary arrangements in the area but the council can have reason to be proud of the arrangements which now exist whereby every carcase of meat passing through the Central Slaughterhouse, in their district, is inspected by a competent qualified inspector, the comparison with previous years needs no comment.

The growth of the salvage collection arrangements in the district has, I feel sure, brought home to everyone the need existing for a permanent refuse collection service.

I am indebted to Mr. F. Luker for much of the material included in this report and in conclusion I wish to express my thanks to the Chairman and Members of the Public Health Committee for their courtesy and co-operation, to the Sanitary Inspector for the excellent work done during the year and to the other Officers of the Council for their help and advice on many problems.

I have the honour to be,

Gentlemen.

Your obedient servant,

C. W. DIXON

#### STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

The area of the District is 87,758 acres.

The resident population is 17,670.

The average population figure given by the Registrar General for the calculation of death rates is 18,600.

The number of inhabited houses according to the Rate Books is 5,198. They are distributed as follows:—

Cowbit		 			149
Moulton		 	• • •		717
Weston		 			332
Pinchbeck		 		• • •	991
Deeping St	. Nicholas	 	• • •		450
Surfleet		 			305
Gosberton	• • •	 	• • •		636
Quadring		 			281
Donington		 			530
Crowland		 			807

The Rateable Value is £44,032 and the sum represented by a penny rate is £183 9s. 4d.

The District is entirely agricultural and the amount of unemployment varies with the weather and seasons.

#### EXTRACTS FROM VITAL STATISTICS.

Live Births—(Legitimate) (Illegitimate)			
(Zirograffico)	•••	161	137

Total Live Birth ... 298.

Illegitimate Birth Rate 4.6%.

The Birth Rate per 1,000 estimated population is 16.02. (Average for England and Wales 14.3).

			Μ.		F.
Still Births—(Legitimate)	• • •		5		2
(Illegitimate)	• • •	• • •	************	• • •	—
Still Births—(Legitimate)		• • •	5		2
			5	• • •	2

Total Still Births ... 7.

The rate of still births per 1,000 total (live and still) births 22.9. Deaths—Total during 1940, 216 (males 117, females 99). Crude Death Rate per 1,000 estimated population 11.6.

This Death Rate has not been adjusted to make allowance for the age and sex composition of the population and in order to do this it must be multiplied by the area comparability factor, supplied by the Registrar General, which is 1.04, thus giving an adjusted death rate of 12.07.

The death rate for England and Wales is 14.3.

Deaths from Puerperal Causes.

Death rate from puerperal causes per 1,000 total (live and still) births, 3.2.

Deaths of Infants under 1 year of age.

M. F.
Legitimate ... ... 4 ... 5
Illegitimate ... ... 1 ... —

5 ... 5

Death rates of Infants under 1 year of age :-

All infants per 1,000 live births ... ... 32.15 Legitimate infants per 1,000 legitimate live births 31.0 Illegitimate infants per 1,000 illegitimate live births 71.4

Infantile Mortality Rate (i.e. the death rate of all infants under 1 year of age per 1,000 live births):

Average for England and Wales ... ... 55.0 Spalding Rural District ... ... 32.15 Deaths from Cancer (all ages) 31. (Male 15, Female 16).

Deaths from Cancer (all ages) 31. (Male 15, Female 16).

Cancer Death Rate per 1,000 population 1.6

Deaths from Measles (all ages) ... 1.

Deaths from Whooping Cough (all ages) Nil.

Deaths from Diarrhœa (under 2 years) Nil.

#### COMMENTS ON THE VITAL STATISTICS.

The birth rate of 16.02 is slightly lower than the average for the past five years but higher than the average for England and Wales:

The thirty-one deaths from Cancer show a decrease of 12 from last year's figure of 43 but is approximately the same as the average for the past five years, i.e., 34.2.

The infantile mortality rate, 32.15, is appreciably less than the average for the past five years, i.e. 51.0.

The maternal mortality figure is approximately the same as the average for the past five years.

## CAUSES OF DEATH IN THE SPALDING RURAL DISTRICT DURING 1940.

Cause of Death.		Μ.	F.		Total.
All causes	• • •	117	99	• • •	216
Typhoid and Paratyphoid Fevers					_
Cerebrospinal Fever		_			—
Scarlet Fever	• • •	—	_		
Whooping Cough					—
Diphtheria	• • •		. —		_
Tuberculosis of Respiratory System		5	6		11
Other forms of Tuberculosis			2		2
Syphilitic Diseases		1			1
Influenza		7	4		11
Measles			1		1
Acute Poliomyelitis and	• • •		_		
polio-encephali	itis				
Acute infantile Encephalitis				•••	
Cancer of body cavity and	• • •			• • •	
esoph (M) uterus (	E)		3		3
Cancer of stomach and duodenum	1)	4	3	• • •	7
Cancer of breast	• • •	<b>T</b>	1	• • •	1
	• • •	11	9	• • •	20
Cancer of all other sites	• • •		2	• • •	3
Diabetes	• • •	l		• • •	
Intra-cranial vascular lesions	• • •	5	9	• • •	14
Heart Disease	• • •	21	17	• • •	38
Other diseases of circulatory system	• • •	1	1	• • •	2
Bronchitis	• • •	6	6		12
Pneumonia	• • •	4	4	• • •	8
J J J J J J J J J J J J J J J J J J J	• • •	3	1	• • •	4
Ulcer of stomach or duodenum	• • •	1	_		1
Diarrhœa (under two years)		—	—		—
Appendicitis	• • •	2		• • •	2
Other digestive diseases		1	2		3
Nephritis		4	2		6
D annound and a new transfer					_
041			1		1
Premature birth			1		1
Congenital malformations, etc		3	2		5
C:.: 1		3	1		4
Road traffic accidents	• • •	7	1	• • •	8
	• • •	5	1	• • •	6
	• • •	_	10	• • •	
All other causes	• • •	22	19	• • •	41

## CAUSES OF SICKNESS WHICH HAVE BEEN SPECIALLY NOTEWORTHY IN THE AREA DURING THE YEAR 1940.

Outbreak of Food Poisoning in the Parish of Crowland.

During the month of October an outbreak of food poisoning, involving twelve persons, occurred at Stowgate Farm, Crowland. Nine of the patients were involved through eating contaminated food and the remaining three through contact with the patients.

The symptoms in all cases were identical with varying degrees of severity:—acute abdominal pains, shivering followed by rise in temperature and diarrhœa. One patient was violently sick and recovered much earlier than the others.

At the time of the first visit suspicion was attached to the fact that all members of one family had eaten brawn from a local pork butcher on Thursday, the 10th October, and were attacked with varying degrees of severity some 12—36 hours later. On questioning the second family, however, the sanitary inspector was informed that they had not eaten brawn or cooked meats of any kind and investigation along that line was dropped in favour of some source of common infection. This was very unfortunate as it was disclosed to the general practitioner later that the second family had eaten some of the suspected brawn but had forgotten about it when first questioned.

The third family to be affected had not eaten any of the particular brawn but the householder had cleaned out the pail closet used by the members of the first family on the week-end of the outbreak and by so doing formed the contact between the two households.

Laboratory reports on blood tests and fæces showed positive B. ærtrycke infection.

A feature of this outbreak was that the severity of the symptoms was proportionate to the quantity of infected brawn eaten and the time between eating the brawn and onset of symptoms was inversely proportionate to the quantity eaten.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

The Medical Officer of Health is also a part-time Assistant County Medical Officer. This greatly increases the smooth working and co-operation between the Local Sanitary Authority and the County Council.

The hospital service of the district is provided chiefly by the Spalding Johnson Hospital; however, cases from Donington also go to the Boston General Hospital, cases from Crowland to the Peterborough Memorial Hospital, and cases from Moulton to King's Lynn as the hospital facilities in Spalding are not sufficient to meet the needs of the district and a considerable number of patients have, therefore, to be treated outside the County area.

An ambulance is available for cases of infectious disease. For ordinary medical, surgical and accident cases, transport is afforded by the Spalding Joint Ambulance Committee, which consists of representatives of the Spalding Urban and Rural Authorities and the St. John Ambulance Brigade. Spalding Rural District contributes to this Committee on a mileage basis for approved necessitous cases, but bears no share of the general expenses. During last year, however, the Spalding Rural District Council contributed £200 towards the cost of a new ambulance.

Bacteriological work is carried out at the County Laboratory, Boston, to which all specimens are sent.

Home nursing is carried out by the various local Nursing Associations. The local authority employs no nurses of its own. The County Council provides centres for Tuberculosis and Maternity and Child Welfare work at Spalding, Crowland and Donington.

Cases of infectious disease are accommodated at Boston in the Hospital of the County of Holland Joint Board to which the Spalding Rural District Council is a contributory authority. The Isolation Hospital at Fleet is reserved for cases of smallpox.

During the year, in August, the Casual Wards at Holbeach were converted into an Emergency Hospital with 75 beds—the Medical Officer of Health acting as Medical Superintendent. Although primarily for the use of service sick and air raid casualties, it is hoped that, when working and completely fitted, it will be available for some of the emergency cases from the area. Certain cases of notifiable disease, such as cerebro-spinal fever, pneumonia, etc., could well be treated there and so relieve the accommodation at the Joint Board Hospital at Boston, which at times is hard pressed.

#### SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

There has been no extension of existing water mains during the year. As a result of action taken by the Sanitary Inspector a supply of mains water has been provided to 28 houses and 1 shop, the existing supplies of which were found to be unsuitable for drinking purposes. A detailed survey of the District is required to investigate the water supplies to the dwelling houses and food premises. It is estimated that there are still several hundred such premises where the water supply is unsatisfactory or inadequate and the main supply is reasonably available. 26 samples of water have been submitted for analysis by the Sanitary Inspector; 6 from the Council's supply which were all returned as quite satisfactory; two from a private bore supplying Stowgate Farm, Crowland, which were returned as satisfactory and the remaining 18 from private pumps and wells which were all returned as unsuitable for drinking purposes, the majority showing evidence of sewage contamination.

#### DRAINAGE AND SEWERAGE.

There has been no change in the condition of the drainage and sewerage of the District. Only a very small percentage of the houses in the district are provided with water closets, in most cases the accommodation is of the pail or vault type. Collection of night soil is not carried out in the district with the exception of the village of Crowland, and a properly organised collection is urgently needed in the other villages where nuisances are continually arising through the disposal of fæcal matter from the pail closets. This is particularly serious at houses where the gardens are small as they quickly become saturated with sewage and are a continual source of nuisance from flies and effluvia.

In investigating the numerous complaints received the Sanitary Inspector has found that a large percentage of the drainage systems attached to houses do not operate satisfactorily and many are the cause of serious nuisance. This has been found due to the existing practice of discharging sewage into a "dry well" or soakaway. Owing to the high level of the sub-soil water in the district these containers have a very restricted level in which filtration can take place and the sides of the "dry wells" soon get coated with slime and solids so that no filtering action can take place into the surrounding soil. It has been found that by fitting a primary settlement tank, disconnected from the house drain and the "dry well" by square junctions, only reasonably clear liquid is allowed to pass into the "dry well," the filtering capacity is not impaired, and the combined system of septic action and filtration, works quite satisfactorily for an indefinite period.

It is imperative that when building of new houses is recommenced in this District, effective control be exercised and only domestic sewerage systems that are effective and approved by the Sanitary Department, should be passed when plans of new buildings are submitted for the approval of the Council. In addition, strict supervision should be maintained of all drainage work so as to prevent nuisances of this nature arising in the future.

There are, however, numerous urbanised sections of the area where there is not sufficient room and never will be sufficient room for the provision of sewage disposal arrangements of this type. At present the drains discharge into old land drains which are a continual source of nuisance as at Crowland, Donington and Gosberton.

The only solution to the problem in these areas is a main sewerage system covering all the urbanised sections of the district.

During the year, 108 visits have been made to properties in connection with new drainage work; 16 water tests have been applied to new drains, of which number nine had to be tested twice and four three times before they could be passed as satisfactory.

#### REFUSE DISPOSAL.

There has been no material change in the system of refuse disposal during the year. Collections are only carried out in the two larger villages of Donington and Crowland and the work is done under contract.

A new refuse cart, of the low loading type with sliding metal dust covers, has been ordered and when this is in operation it will replace the existing insanitary cart at Crowland which is extremely unsuitable for work of this nature.

In the other villages of the district a long-needed refuse collection has been partly provided by the collection of salvage under the Ministry of Supply Scheme. A fortnightly curbside collection is made of practically all articles, with the exception of ashes and night-soil, from all the villages and even the majority of scattered properties. In accordance with the directions of the Council, the salvage workmen do not discriminate between articles put out for salvage and all articles are collected, with the effect that the scheme is fulfilling the work of a refuse collection. It is evident from the quantities of material collected by the salvage scheme that some form of refuse collection is needed throughout the district.

Proper disposal of domestic refuse by means of controlled tipping will prevent the insanitary and very unsightly rubbish dumps which are formed in various parts of the district by the surreptitious dumping of tins, bottles and garbage by householders who have no other means of disposing of them. There are a number of these dumps in the district and they form a breeding ground for rats and other vermin and are a source of nuisance to the tenants of adjoining properties.

#### SALVAGE RETURNS.

The salvage scheme was commenced in June, 1940, and between then and the 31st December, 1940, the total cash returns from the sale of materials was £217 10s. 6d.

The weights of materials sold were:

				Tons	Cwts.
Paper		• • •		 37	18
Tins				 12	17
Iron		• • •		 8	16
Rags,	etc.		• • •	 3	8
Bones		• • •		 1	11

#### SCHOOLS.

The general condition of the sanitary arrangements in connection with the schools in the district is on the whole very bad. The closet accommodation is in many cases totally inadequate and of insanitary pail or vault type.

The washing facilities in most of the schools are also inadequate lacking the most important provision, i.e., an abundant supply of hot water with clean towels and soap.

#### HOUSING.

The Housing Acts have never been properly administered in the District, with the result that there are approximately 1,000—1,500 worn-out or extremely dilapidated houses which must be dealt with by demolition or where practicable by thorough reconditioning. The houses are affected by the usual sanitary defects found in old cottage property:—dampness, general disrepair, low ceilings, insufficient window area and ventilation, insanitary drainage and lavatory accommodation, bad water supplies and structural defects, the chief one of which is the absence of a damp-proof course.

To deal with this very large task additional staff will be needed, when the war is over, in the form of one or more assistant sanitary inspectors. The past practice of taking action against individual houses will of necessity have to be dropped for the more effective and less protracted action of treating blocks of bad properties as Clearance Areas and defining them as such for confirmation by the Ministry of Health.

#### EVACUATION.

The number of evacuees in the District has increased during the year. In March the total number of evacuees was 750, and at the 31st December the total number was 894.

A number of houses have been requisitioned for the use of evacuees but unfortunately in many instances they were hardly suitable for the purpose, being extremely old and dilapidated.

Relatively few cases of scabies have come to my notice during the year and treatment has been carried out by local practitioners, at Minor Ailment Clinics, or in hospital in sick bay accommodation provided by the County Council.

A sick bay of 12 beds for the treatment of difficult children, chiefly cases of enuresis, was opened by the Council in October, 1939, at Donington. In June, 1940, the County Council opened a sick bay unit at Boston and to avoid confusion in operating the units it was suggested that the County Council should take over the premises in Donington and work the scheme with boys at Boston and girls at Donington. After a short time, however, they gave up the twelve beds at Donington. Since then there has been a shortage of beds for this purpose and for treating scabies. A unit of between 15—20 beds for the treatment of scabies in the South of the County would be of considerable value to the Rural District of Spalding and also to the Spalding Urban District where the incidence of scabies is known to be higher.

#### INSPECTION AND SUPERVISION OF FOOD PREMISES.

Milk and Dairies.

There are very few milk producers in the district who carry on business in a large way but there are between 200 and 300 cowkeepers in the area who either sell small quantities of milk or manufacture butter or cheese at various periods of the year for sale wholesale. The work of inspection and supervision of this important section of food production cannot be carried out owing to the inadequate staff.

The Sanitary Inspector reports that in the majority of cases the standard of cleanliness and methods of milk production are extremely

bad.

Meat Inspection.

During the year all animals slaughtered for sale for human consumption have been thoroughly inspected by the Sanitary Inspector who is qualified in this branch of public health work. It is the first time in the history of the district that the meat supply has been inspected by a competent officer and the necessity of such inspection is clearly shown in the following extracts from previous annual reports giving figures of diseased meat condemned:—

1936—No meat condemned as unfit for food.

1937—The carcases of two beasts and six pigs were condemned.

1938—The carcases of one beast and four pigs were condemned.

1939—No record of any meat having been condemned.

1940—During this year approximately 5,500 pigs, 1,070 sheep, 1,500 cattle and 14 calves were inspected. Among the various carcases and offal condemned as unfit for human consumption were:—

15 carcases of beef with generalised Tuberculosis.

39 pigs with Acute Swine Erysipelas.
1 pig with Generalised Tuberculosis.

49 beasts' livers with multiple Septic Abscesses.

67 beasts' heads with Tuberculosis. 10 beasts' livers with Tuberculosis.

177 beasts' livers with parasitic affections.

28 pigs' heads with Tuberculosis.

15 sheep carcases with Fever, Emaciation, etc.

49 pigs showing evidence of acute fever.

Approximately 70 sets of beasts' lungs affected with Tuberculosis.

The total amount of meat and offal condemned during the year was approximately 23 tons 13 cwts.

The percentage of tuberculosis infection among the cattle and

pigs is as follows:—

Approximately 1% of cattle Generalised Tuberculosis.

 $4\frac{1}{2}\%$  of cattle affected with Tuberculosis of head and lungs or both.

 $\frac{1}{2}\%$  of pigs affected with Tuberculosis in the head.

The very low percentage of pigs affected with Tuberculosis is due to the nature of the district, there being very few pigs fed on

dairy by-products.

This work has naturally taken up a large part of the time of the Sanitary Inspector but the returns give proof of the value of regular and efficient meat inspection. It would not have been possible to carry out all this work if the slaughtering had been spread over the numerous private slaughterhouses throughout the district, but the adoption of Centralised Slaughtering under the Ministry of Food Scheme has enabled a 100% inspection to be made throughout the year.

The Inspector has also carried out approximately 150 inspections in the Urban Area in his capacity as Additional Meat Inspector under the arrangement for mutual assistance with the Spalding Urban District Council. It is a pity that the latter Authority has no qualified Inspector as consequently the assistance is rather one-sided. The generosity in this respect of the Rural District Council is, however, of considerable benefit to the consumer generally.

#### FOOD PREPARING PREMISES.

It has not been possible to make a detailed inspection of all the food premises in the district but all fish and chip shops have been visited and inspected. Two travelling fish and chip shops which were formerly used in the district have now been given up. premises were definitely undesirable being extremely difficult to keep clean and, owing to their mobility, not easily controlled.

Bakeries, Meat Preparing Premises, Food Shops, etc.

No detailed survey has been made of the numerous premises included in the above heading but, with one or two exceptions, the majority of the premises are lacking in the necessary provisions for securing cleanliness, i.e., adequate washing facilities, sanitary accommodation and adequate sewerage. No real improvement can be effected in most of these premises until adequate sewage disposal arrangements are provided.

#### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During the year the number of cases of infectious disease has been generally small. The number of Measles is due to the fact that notification of Measles and Whooping Cough was made compulsory in October, 1939. It is not possible to say whether the numbers are abnormally high owing to the absence of accurate figures for previous years.

Diphtheria Immunisation.

Between the 1st January and the 15th December, 1940, 36 children under 5 years of age and 769 children between 5 and 15 years of age were immunised against Diphtheria under the scheme arranged by the County Council. The estimated percentage of the child population now immunised is as follows:—

Between 5 and 15 years of age. Under 5 years of age. 4%

48%

An active campaign for Diphtheria immunisation is being pursued and it is hoped that the figures for 1941 will be substantially higher. The chief difficulty is in contacting the pre-school children. This will probably have to be effected by extending the period allowing the general practitioners to immunise children under the County arrangements from—

1 year—18 months to also cover the period 18 months—15 years.

Number of cases of Infectious Disease.

Excluding cases of Tuberculosis 213 cases of infectious disease were notified during the year.

The numbers of the various diseases are shown in the following table:—

	Diseas	se.		Cas	es Notified.
Small Pox	• • •		 • • •	• • •	
Enteric Fever			 		_
Scarlet Fever			 • • •	• • •	30
Diphtheria		• • •	 		13
Puerperal Pyre	exia		 		3
Pneumonia	• • •		 		10
Ophthalmia No	eonator	um	 • • •		2
Cerebro-spinal	Fever		 		1
Measles			 • • •	• • •	139
Whooping Cou	igh		 • • •		6
Erysipelas			 		9
*					
			Total		213

Analysis of Cases of Infectious Disease under Age Groups.

#### AGE GROUPS

Scarlet Fever
Diphtheria
Puerperal Pyrexia
Pneumonia
Ophthalmia Neonatorum
Cerebro Spinal Fever
Measles
Whooping Cough
Erysipelas

3- 4-5-10-15-20-35-45-65 To	35-	20-	15-	10-	5-	4-	3-	2-	1-	-1
2   12 6 1 6 1 3	1	6	1	6	12		2	1	1	
3 2 1 5		5	1	2	3		!	2		
		3								
1 1 1 1 3 2 1 1	2	3	1	1	1		1			
										2
1				1						
3 22 62 15 2 9 6 13	6	9	2	15	62	22	13	5	3	2
1 1   1						1	1	4		
1 1 5 2	1	1								
21										

#### TUBERCULOSIS.

Diagnosis is rendered difficult by the reticence of persons from reporting to their medical advisor for what they regard as trivial symptoms and secondly the difficulty of persuading patients who feel reasonably well to give up time and money to go to Boston for X-ray. If the patients go outside the County, where the arrangements may be more convenient, difficulty is then usually experienced by the County Tuberculosis Officer in getting details of the cases and on a number of occasions they are not notified.

Analysis of New Cases and Deaths from Tuberculosis.

	NEW CASES.				DEATHS.					
Age Periods.	Respira- tory.		Non-Respira- tory.		Respira- tory.		Non-Respira			
	М.	F.	M.	F.	M	F.	M.	F.		
0 to 1	• •	• •		• •	• •	• •	••			
1 ,, 5	• •	• •	••	• •		• •	• •			
5 ,, 15			1	1	. • •	• •	• •	• •		
15 ,, 25	1	2	1	1		• •	• •	• •		
25 ,, 35	3	• • •	• •	• •		2	• •	• •		
35 ,, 45	2	2		• •	3	2		• •		
45 ,, 55	1	•••		• •	2	1				
55 ,, 65	1	• • •	•••	• •		1		•••		
65 and over	• • •	• •		• •	• •	• •	• •	• •		
		• •		• •		• •	• •	• •		
Totals	8	4	2	2	5	6				
M. F. Tota										

	M.	F.	Total.
Cases of Tuberculosis on the Pulmonary	21	12	33
Register 31.12.40 Non-Pulmonary	39	3	42
			<u> </u>
			<b>7</b> 5
Cases of Tuberculosis removed   Pulmonary	2	5	7
Cases of Tuberculosis removed Pulmonary from register as cured during 1940 Non-Pulmonary	1	2	7 3
1011 1081200 000 000 000 000			10
			<del></del>
Cases removed from register dianosis not confirmed during 1940 Non-Pulmonary	1 <b>F</b> e:	male	•
Cases removed from the district Non-Pulmonary	1 <b>F</b> e:	male	•





